

STAFF WORK ADVISORY TEAM
QUESTIONS AND ANSWERS REGARDING
DOCUMENTATION

(New 10-03)

Q1. What is the standard for timeliness of writing progress notes, e.g., the time from when the service was provided to the time when the clinician writes the progress note for that service?

A1. The standard is “reasonable” timeliness. DMH reviewers would accept, as reasonable, a late note written within two weeks from the date of service.

Proper documentation of a late entry should include: Indication as a “late entry” as well as the date of the late entry and the initials of the author.

Q2. Can a beneficiary have more than one client plan?

A2. Yes. MHPs may permit providers to develop client plans that cover only the services to be delivered by that provider.

Q3. How should time be divided when clients and their parents are seen together in a group setting? Should the time be claimed as mental health services or collateral?

A3. Time should be divided equally among the clients being represented. The time should be treated as if this were a group setting composed only of the clients being represented (the parents themselves would not count as group members). Only the time for clients who are Medi-Cal-eligible may be claimed as a Medi-Cal service. For example, a staff meets with three Medi-Cal-eligible clients, five parents of these three clients, and two parents of a Medi-Cal-eligible client who was not present for a total of ten people in a group setting for 120 minutes. Since four beneficiaries were represented, the time is divided by four, and 30 minutes is claimed for each client. If there were an additional client who was not Medi-Cal eligible and that client's parents, the time would be divided by five, and 24 minutes would be claimed for each Medi-Cal eligible client.

Claims for FFP submitted to DMH would be for mental health services, whether the activity being claimed is collateral or a direct service to the client or some other allowable service activity. Chart documentation should indicate and justify the activities involved; however, each minute need not be assigned to a discrete activity. In the example above, time with the parent of the client is clearly collateral for that client, but time with the clients who are present with their parents would generally serve both collateral and direct treatment purposes. See the regulatory definitions of “mental health services” and “collateral” below

Section 1810.227. Mental Health Services.

“Mental Health Services” means those individual or group therapies and interventions that are designed to provide reduction of mental disability and improvement or maintenance of functioning consistent with the goals of learning, development, independent living and enhanced self-sufficiency and that are not provided as a component of adult residential

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services, crisis residential treatment services, crisis intervention, crisis stabilization, day rehabilitation, or day treatment intensive. Service activities may include but are not limited to assessment, plan development, therapy, rehabilitation, and collateral.

Section 1810.206. Collateral.

“Collateral” means a service activity to a significant support person in a beneficiary’s life with the intent of improving or maintaining the mental health status of the beneficiary. The beneficiary may or may not be present for this service activity.

Q4. How long must MHPs keep access and complaint/grievance logs?

A4. The MHP contract with the DMH, Exhibit A, Attachment 1, Section P, specifies the rules around keeping books and records. The contract requires that access and complaint/grievance logs must be kept a minimum of five years from the termination date of the contract.